

Case Number:	CM14-0120323		
Date Assigned:	08/06/2014	Date of Injury:	06/16/2011
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 35 year-old with a reported date of injury of 03/07/2012 that occurred when she fell from a ladder. The patient has the diagnoses of right-sided lumbar back pain with radiculopathy. The progress reports provided by the primary treating physician dated 05/01/2014 notes the patient had complaints of back pain. The physical exam remained "unchanged". Treatment recommendations included an MRI scan. An AME dated 03/31/2014 concurred with recommendations of epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Electromyography (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The ACOEM section on neck complaints states an EMG of the upper extremities is recommended to clarify nerve root dysfunction in the cases of disc herniation preoperatively or before epidural steroid injection. The patient is not preoperative and epidural injections have not been approved thus the indications for upper extremities EMG have not been met, the request is not medically necessary.

Nerve Conduction Velocity (NCV) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The ACOEM section on neck complaints states an EMG/NCV of the upper extremities is recommended to clarify nerve root dysfunction in the cases of disc herniation preoperatively or before epidural steroid injection. The patient is not preoperative and epidural injections have not been approved thus the indications for upper extremities EMG/NCV have not been met, the request is not medically necessary.